

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						09/937834	APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1 <sup>2</sup>					53	
4		1 <sup>2</sup> 1					54	
5		1 <sup>2</sup>					55	
6		1 <sup>2</sup> 1					56	
7		1 <sup>2</sup>					57	
8		1 <sup>2</sup> 1					58	
9		1 <sup>2</sup>					59	
10		1 <sup>2</sup> 1					60	
11		1 <sup>2</sup> 1					61	
12		1 <sup>2</sup> 1					62	
13		1 <sup>2</sup>					63	
14		1 <sup>2</sup> 1					64	
15		1 <sup>2</sup>					65	
16		1 <sup>2</sup> 1					66	
17		1 <sup>2</sup>					67	
18		1 <sup>2</sup> 1					68	
19		1 <sup>2</sup>					69	
20		1 <sup>2</sup> 1					70	
21		1 <sup>2</sup> 1					71	
22		1 <sup>2</sup> 1					72	
23		1 <sup>2</sup> 1					73	
24		1 <sup>2</sup> 1					74	
25		1					75	
26		1					76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	25	↓	↓	↓	↓		TOTAL DEP.	↓
TOTAL CLAIMS	24						TOTAL CLAIMS	↓